August, 1991

(BPD)

Attachment 3.1-A.1

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OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation(s)	Provis	Provision(s)		
1927(d)(2) and 1935(d)(2)	0	(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)		
-	X	(h) barbiturates (Except for dual eligible individuals effective January 1, 2013, when used in the treatment of epilepsy, cancer, or a chronic mental health disorder as Part D will cover those indications)		
	×	(i) benzodiazepines (Except for dual eligible individuals effective January 1, 2013, as Part D will cover all indications)		
	×	(j) Agents when used to promote smoking cessation; (Beginning January 1, 2006 for Non-Part D eligible individuals)		
		(The Medicaid agency lists specific category of drugs below)		
		Coverage of specific categories of excluded drugs will be in accordance with existing Medicaid policy as described in Supplements 1 and 5 to Attachment 3.1 A&B		
		No excluded drugs are covered.		

* Description provided on attachment.			1. N 9 9 2012			
TN No.	12-14	Approval Date	JAN	2010	Effective Date	01/01/13
Supersedes					•	
TN No.	05-25				HCFA ID:	

March, 1987

(BERC)

Attachment 3.1-B.1

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

.State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): ALL

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

Citation(s)	Provision(s)		
1927(d)(2) and 1935(d)(2)		(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)	
	×	(h) barbiturates (Except for dual eligible individuals effective January 1, 2013, when used in the treatment of epilepsy, cancer, or a chronic mental health disorder as Part D will cover those indications)	
	X	(i) benzodiazepines (Except for dual eligible individuals effective January 1, 2013, as Part D will cover all indications)	
,	X	(j) Agents when used to promote smoking cessation; (Beginning January 1, 2006 for non Part D eligible individuals	
		(The Medicaid agency lists specific category of drugs below)	
		Coverage of specific categories of excluded drugs will be in accordance with existing Medicaid policy as described in Supplements 1 and 5 to Attachment 3.1 A&B	
		No excluded drugs are covered.	

TN No. 12-14

Approval Date JAN 22 2013